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December 14, 2009

## FACSIMILE COVER SHEET

Page 1 of 22

<b>TO:</b> Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>RE:</b> Application No. 10/542,451 Filed: July 15, 2005
<b>TELEPHONE:</b> (571) 270-3646 Examiner: Yogesh P. Patel	<b>FACSIMILE:</b> (571) 273-8300

### MESSAGE

The following documents are submitted with this Cover Sheet:

Reply to Office Action Mailed June 12, 2009  
Reply Transmittal

#### CONFIDENTIALITY NOTE:

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Attorney's Reference: MICROM19.D11

In re the Application of: Hubert EUVRARD, ET AL.

Application No.: 10/542,451

Filed: July 15, 2005

For: IMPROVEMENT TO DENTAL POWER INSTRUMENTS, SUCH AS  
ENDODONTIC INSTRUMENTS, AND CONTRA-ANGLE HANDPIECEMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450RECEIVED  
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Sir:

Transmitted herewith is a Reply for the above-identified application.

[X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.

[ ] No additional fee for claims is required.

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE
TOTAL	22	MINUS	20	=	2	x 26 = \$ 52.00	x 52 = \$
INDEPENDENT	2	MINUS	3	=	0	x 110 = \$	x 220 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ 195 = \$	+ 390 = \$
						TOTAL = \$ 52.00	OR TOTAL = \$

[X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

[ ] first - \$ 65.00

[ ] second - \$245.00

[X] third - \$555.00

[ ] fourth - \$865.00

month after time period set

Other than Small Entity

Response filed within:

[ ] first - \$ 130.00

[ ] second - \$ 490.00

[ ] third - \$1,110.00

[ ] fourth - \$1,730.00

month after time period set


[X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 607.00.

[ ] A check in the amount of \$\_\_\_\_\_ is attached.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405.

[X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 C.F.R. §1.17.

December 14, 2009  
(date)
  
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 Reg. No. 28,834  
 Attorney for Applicants  
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